



APPLICATION FOR SMALL WATER SYSTEM OPERATORS EXPENSE REIMBURSEMENT GRANT



Please type or print legibly in ink.

1 Personal Information

Name (last, first, middle initial)		Date of Birth	
Mailing Address (number, street)		City	State / ZIP code
Work Phone Number () EXT	Home Phone Number (optional) ()	E-mail address	
Are you currently certified by the State of California as a water distribution operator ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Operator Number	Grade	Issue Date
Are you currently certified by the State of California as a potable water treatment operator ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Operator Number	Grade	Issue Date

2 Position Related Employment

Do you currently work for a community or non-transient non-community water system that services a population of 3,300 or less? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water System Facility	System ID Number (if unknown, leave blank)
Facility Address	City / State / ZIP Code
Facility E-mail Address	Facility Phone Number ()
Do you currently work for more than one (1) water system? (If yes, please list all additional systems below)—Attach an additional sheet if necessary <input type="checkbox"/> Yes <input type="checkbox"/> No	
Water System Facility	System ID Number (if unknown, leave blank)
Facility Address	City / State / ZIP Code
Facility E-mail Address	Facility Phone Number ()
Water System Facility	System ID Number (if unknown, leave blank)
Facility Address	City / State / ZIP Code
Facility E-mail Address	Facility Phone Number ()

3 Additional Information

4 Signature of Applicant

I the undersigned certify that I am the above-named applicant; that all statements made on this application are true and correct; that I understand that any misrepresentations may result in my ineligibility for reimbursement under the Small Water Systems Operators Expense Reimbursement Grant.



Original Signature (Please sign in blue ink.)

Date

All information required on the application must be provided by the applicant and is subject to disclosure under the requirements of the California Public Records Act. For more information or access to your records, please contact CPS at 1-866-867-3594.



INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR SMALL WATER SYSTEM OPERATORS EXPENSE REIMBURSEMENT GRANT



- 1. Section 1 Personal History** – Fill in your personal history (name, address, social security number, etc.). Be sure to mark your operator number if you are currently certified as an Operator in California, as this will be verified.
- 2. Section 2 Position Related Employment** – Please answer the questions relating to your employment. You are required to provide this information and it will be used to verify you eligibility. You may enter multiple systems if needed. This information will be verified. If you are not sure of your system ID number you may leave that section blank.
- 3. Section 3 Additional Information** – Please use this section to provide any additional information.
- 4. Section 4 Signature of Applicant** – Sign to verify that all of the information provided in this application is correct and true. Please read this section carefully before you sign.
- 5. Submit the Application** – Mail the application with an original signature (in ink) to:

CPS Human Resource Services
Attn: SWS-ERG
241 Lathrop Way
Sacramento, CA 95815

Not sure if your system qualifies? Just give us a call (toll free) at 1-866-867-3594, and we will be happy to help!

The Small Water System Operator Expense Reimbursement Grant is a partnership between California Department of Health Services and CPS Human Resource Services to distribute EPA funds to small water operators to reimburse the costs of obtaining and maintaining certifications.

www.cps.ca.gov/tlc/sws

Toll free (866) 867-3594



Human Resource Services